



NORTH CAROLINA  
**COUNCIL OF  
COMMUNITY  
PROGRAMS**

**MEDICAID WAIVER IMPLEMENTATION STATUS AND PERFORMANCE**

January 2013

**77 NC Counties Are Now Under the Medicaid 1915 (b)(c) Waiver**

**Status:**

LME-MCO	Status	# Medicaid Eligibles
Cardinal Innovations Healthcare Solutions (CIHS)	Implemented 4/1/05, expanded to manage Alamance County 10/1/11, Five County 1/1/12, OPC 4/1/12 (and merged with all counties involved)	183,708
Western Highlands Network (WHN)	Implemented 1/3/12	67,693
East Carolina Behavioral Health (ECBH)	Implemented 4/1/12	86,907
Smoky Mountain Center (SMC)	Implemented 7/1/12	76,315
Sandhills Center (SC)	Implemented 12/1/12 (Guilford County will join waiver 4/1/13, merger occurred 1/1/13)	83,827
Eastpointe (EP)	Implemented 1/1/13	178,680

\*Excludes children under 3 years of age; also excludes retroactively eligible population.



**Provider Network as of Implementation Date:**

	CIHS #	WHN #	ECBH #	SMC#	Sandhills	EP
# in network before waiver/expansion	257	221	181	162	371	274
# in network after waiver/expansion	802	377	356	286	658	572
# denied access to waiver at time of implementation	34	2	5	0	1	11

\*Total network, IPRS and MCD

\*\*Based on before implementation/expansion. The numbers do not include those who did not apply in time for implementation.

**Claims Adjudication:**

	CI HS#	CI HS%	WHN # <sup>3</sup>	WHN %	ECBH # <sup>4</sup>	ECBH %	SMC #	SMC%	SC #	SC %	EP	EP%
Average Days to Process a Clean Claim (received date to processed date)	2.67 <sup>1</sup>	N/A	15 Days	N/A	9.5	N/A	0.2 days	N/A	9.4	N/A	9.19	NA
Total Billed Claims For Month Indicated (Medicaid only)	270,869 <sup>2</sup>		251,879	100%	74,025	100%	85,975	100%	64,261 <sup>5</sup>	100%	67,726	100%
Total Approved Claims	210,800 <sup>2</sup>	77.82%	220,488	87.5%	65,026	87.8%	72,462	84.3%	43,583	67.8%	55,447	81.87%
Claims not processed due to Provider Claims Processing Issues	60,069	22.18%	31,353	12.4%	8,545	11.5%	9462	11%	20,401	31.7%	7,513	11%
Claims not processed due to LME-MCO Systems Issues	0	0%	38	0.02%	434	0.6%	4051	4.7%	277	0.4%	4,766	7%

\*\*Total billed claims include both paper and electronic; Medicaid fund sources only.

\*\*\* The contract between DHHS and the LME-MCO allows a 30-day turnaround time for clean claims.

1. CIHS Processing Days reflects only Medicaid Claims
2. CIHS Claims totals are all claims processed (Medicaid and State)
3. WHN reporting on claims 8/1/12 through 10/31/12
4. ECBH there are 20 pended claims (.1%) included in the total billed claims.
5. SC claim service lines processed 01/01/13 thru 01/31/13 and includes 428 pending claim service lines as of Jan 31, 2013

#### Service Authorizations:

	CIHS #	CIHS %	WHN #	WHN %	ECBH # <sup>2</sup>	ECBH %	SMC # <sup>1</sup>	SMC%	SC#	SC%	EP	EP%
Total Authorizations Requested	4,481	100%	7175	100%	2425	100%	2326	100%	2193	100%	5,244	100%
Total Authorizations Approved	3,803	84.9%	6529	91.0%	1457	60%	1568	68%	1701	78%	4,748	91%
Administrative Denials	632	14.1%	595	8.3%	580	24%	424	18%	438	20%	263	5%
Denied for Medical Necessity	46	1.0%	45	0.6%	227	9.4%	334	14%	54	2%	233	4%

1 SMC - Does not include those authorizations that are unable to process.

2 ECBH- There are 161 authorizations (6.6%) that are still being processed in the time allotted.

#### Consumer Grievances:

	CIHS	WHN	ECBH	SMC	SC	EP
# Per Month About the LME-MCO	12	4	5	4	1	5
# Per Month About the Provider	41	13	9	9	11	21

**Statewide Issues Resolution:**

Issue	Resolution
Need standardized application process for providers across all LME-MCOs	Central repository established for provider application used by 8 MCOs
Need standardized contracts for providers across all LME-MCOs	Contracts adopted for inpatient and State facilities, negotiating refinement of licensed practitioners and agencies contracts
Need standard program integrity measures	Council working with DHHS for all LME-MCOs to use same sampling methodology and fraud and abuse data systems as the State and federal government